



NEIGHBORHOOD STABILIZATION PROGRAM

APPLICATION PACKAGE

If you are interested in purchasing the property located at **19200 NW 34 Court**, please read the following instructions. An application must be completed for each property that you are interested in. The City will review the applications to determine program eligibility, primarily confirming income, assets and household size. The deadline to submit an Application Package for this property is **open until a qualified buyer is identified**. Please note that incomplete packages or packages received after the deadline date will be disqualified.

Application Package MUST contain the following:

1. A Completed and Signed Application for this property
2. Picture ID from All Adult Household Members
3. Proof of Citizenship or Legal Residency for all Adult Household Members
 - (Passport, Birth Certificate, Voter's Reg., Resident Alien Card)
4. Birth Certificates for All Minor Household Members
5. Social Security Cards from All Household Members
6. Course Certificate for 8-Hour First Time Homebuyer (Issued within the past 12 months)
7. Most Recent Three (3) Months of Bank Statements for Each Household Member
8. Last Four (4) Pay-Stub for Each Household Member
9. Evidence of Other Sources of Income, Such As Social Security, Child Support, Alimony, Etc.
10. Last Two (2) Years IRS Tax Returns

Additional Forms:

1. Third Party Verification of Asset Income (Signature Only/Do Not Complete)
2. Verification of Employment (Signature Only/Do Not Complete)
3. Conflict of Interest Disclosure
4. Disclosure and Authorization for the Release of Information
5. NSP Affordability Agreement of Understanding
6. Pre-Approval Letter from a City Approved Lender (visit the City's website for list of lenders:
<http://www.miamigardens-fl.gov/cd/communresoures.html#ApprovedLenders>)

*****Incomplete application packages will not be accepted*****



CITY OF MIAMI GARDENS

NSP PURCHASE APPLICATION – 19200 NW 34 Court, 33056

<u>General Information</u>	Applicant	Co-Applicant
Full Name:		
Social Security #:		
Date of Birth/Age:		
Street Address:	Phone:	
City:	Zip:	
Email:		
Landlord:	Time at Address:	
Address:	Rent Amt: \$	
Phone:		

Applicant Employer:	Co-Applicant Employer:
Address:	Address:
Tel: Fax:	Tel: Fax:
Position:	Position:
Time of Employment:	Time of Employment:

Additional Household Members: (All Adults and Children who will reside in the property)

Name	Social Security No.	Date of Birth	Relationship

Sources of Income: (Wages, Social Security, Child Support, Unemployment, Pension, Etc.)

Household Member	Type of Income	Source	Gross Mthly Amount

Assets (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

Type of Account	Bank	Bank Account #	Balance
1.			
2.			
3.			
4.			

*Ethnicity/Special Needs**(For reporting purposes only, please check all that apply for Head of Household Only):*

White _____ Black _____ Hispanic _____ Asian/Pacific Islander _____ Native American _____

Farm worker _____ Disabled or Disabled Minor _____ Elderly _____ Homeless _____

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income and asset information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant Signature_____
Date_____
Co-Applicant Signature_____
Date

THIRD PARTY VERIFICATION OF ASSET INCOME

(One Form to Be Completed for Each Household Member)

State and/or Federal Regulations require us to verify asset income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

Authorization: I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature

Print Name

SSN#

Date

↓ TO BE FILLED OUT BY YOUR BANKING INSTITUTION ↓

Please return information to:

City of Miami Gardens – Department of Community Development
18605 NW 27 Avenue, Suite 151
Miami, Florida 33056
Fax 305-622-8046

Complete the (applicable) sections below:

Institution Name: _____ Checking Account # _____

Average Monthly Balance (last 6 months): \$ _____ Interest Rate: _____

Savings Account # _____ Balance/Interest Rate: \$ _____ %

Certificate of Deposit # _____ Amount: \$ _____

Interest Rate: _____ Withdrawal Penalty: \$ _____

IRA, Keogh, Retirement Account # _____ Amount \$ _____

Interest Rate: _____ Withdrawal Penalty: \$ _____

Other Account # _____ Amount/Interest Rate: \$ _____

Signature of Authorized Representative: _____

Printed Name: _____ Title: _____

Date: _____ Phone: _____

Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

Note: For ALL applicable Household Members 18 years or over, obtain a signed copy of this form for each verification to be completed. Send form directly to the appropriate employment source; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notations, date and initial. If significant differences exist between amount reported and verified, obtain a written explanation from applicant and attach to file.

THIRD PARTY VERIFICATION OF EMPLOYMENT

(One Form to Be Completed for Each Household Member)

State and/or Federal Regulations require us to verify employment history and income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated.

Authorization: I hereby authorize the release of requested information. A copy of the executed "Authorization for Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature _____

Print Name _____

SSN# _____

Date _____

↓ TO BE FILLED OUT BY YOUR EMPLOYER ↓

Please return information to:

City of Miami Gardens – Department of Community Development
18605 NW 27 Avenue, Suite 151
Miami, Florida 33056
Fax 305-622-8046

Please provide information about anticipated employment income during the next 12 months:

Company Name: _____

Position: _____ Length of Time Employed: _____

Pay Rate: _____ Pay Frequency (Hr, Wk, Mo): _____

Overtime Pay Rate: _____ Average Overtime Hours/Wk: _____

Total Annual Base-Pay Earnings: \$ _____ Total Overtime Base-Pay Earnings: \$ _____

Amount and frequency of other Compensation (bonus, raise, commission, tips): \$ _____

Vacation Pay(Y or N): _____ If yes, number of days: _____

Retirement Account (Y or N): _____ Amount Accessible to Employee: \$ _____

Total Gross Annual Income, including other compensation, for next 12 months: \$ _____

Signature of authorized representative: _____

Printed Name: _____ Title: _____

Date: _____ Phone: _____

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NEIGHBORHOOD STABILIZATION PROGRAM

CONFLICT OF INTEREST DISCLOSURE

In accordance with Regulation 24 CFR 570.611, the City of Miami Gardens Housing Program Policy and Procedures requires that all applicants requesting assistance from the City of Miami Gardens fully disclose any potential conflict of interest resulting from their participation in the City funded program. Potential conflicts of interest include but are not limited to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the City of Miami Gardens and who obtains financial interest or benefit from any federally funded grant activity.

Failure of disclosure will result in an immediate rejection of the loan and/or will require full repayment of the loan including interest accrued at the maximum interest rate.

_____	_____
Borrower	Date

_____	_____
Borrower	Date

NEIGHBORHOOD STABILIZATION PROGRAM

DISCLOSURE AND AUTHORIZATION FOR THE RELEASE OF INFORMATION

Authorization is hereby granted to the City of Miami Gardens, Department of Community Development to obtain a tri-merge consumer credit report exclusively for the purpose of determining eligibility for homeownership assistance under the Neighborhood Stabilization Program to purchase a home.

Credit Report and Verifications: My signature below authorizes the release to the City to obtain a credit report, and further authorizes them to obtain previous and current information to confirm my eligibility. This includes but is not limited to information regarding my employment, bank accounts, outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc), disability or worker's compensation, welfare assistance, net income from operations of a business, and alimony and child support payments.

Public Records Law: I understand and acknowledge that the City of Miami Gardens is a municipal corporation in the State of Florida and the records maintained by it as a municipality, are open for personal inspection and copying by any person. Providing access to public records is a duty of each municipal agency, pursuant to Florida Statute, Chapter 119.01, known as the Sunshine Law.

Computer Matching Notice & Consent: I understand that the City of Miami Gardens may conduct computer-matching programs with other agencies, including federal, state, tribal or local agencies including, but not limited to:

U.S. Postal Service

Employment Security

Welfare and food stamp agencies

U.S. Department of Defense

The match will be used to verify information from me and other members of my household.

Agreement to Conditions: I further irrevocably grant to the City of Miami Gardens my consent and full right to, use my name, photograph, likeness, image, voice, and biography in any and all media, publications, advertising, and publicity, in connection with my participation in the Neighborhood Stabilization Program and any program related activity or project.

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file.

Signature

Printed Name

Date

Signature

Printed Name

Date

NEIGHBORHOOD STABILIZATION PROGRAM

AFFORDABILITY AGREEMENT OF UNDERSTANDING

Applicant: _____

Co-Applicant: _____

The assistance for which you are applying is being provided by Neighborhood Stabilization Program (NSP) funds administered by the City of Miami Gardens. The assistance is intended to provide funding to assist eligible applicants in becoming homeowners. These funds will be provided while adhering to the following Affordability Guidelines.

The Buyer acknowledges that they understand that:

1. The assistance being provided will include one or more of a deed, note, mortgage, and/or other documents recorded against the property that will contain restrictions. The restrictions are intended to preserve the affordability of the Property.
2. The Affordability Restrictions could limit the Buyer's ability to resell or otherwise transfer the Property during the affordability period of fifteen (15) years.
3. The Affordability Restrictions also may limit:
 - the Buyer's ability to obtain future financing on the Property such as a second mortgage, and
 - the amount of gain or appreciation the Buyer retains if the Buyer resells the property before the affordability period has expired.
4. The Buyer will be required to give prior notice of a proposed resale or other transfer of the Property to the City of Miami Gardens.
5. Following is the equity-share terms associated with this assistance:
 - i. <2 years – 100% of both the City's loan balance and the pro-rata share of the net appreciation (gain) is due to the City.
 - ii. >2 – 15 years – 100% of the loan balance and the City will not share in the appreciation after the 2nd year.

Applicant's Signature

Co-Applicant's Signature